

KyOD2A Happenings

USING DATA TO REDUCE THE BURDEN OF DRUG USE AND OVERDOSES IN KENTUCKY

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INTRODUCTION TO KyOD2A

Welcome to the first edition of *KyOD2A Happenings*, a newsletter to share information about drug overdose prevention research, community initiatives, data reports, and resources that are relevant to Kentucky. Let's begin by explaining "KyOD2A."

In 2018, Kentucky had the ninth highest age-adjusted drug overdose mortality rate in the nation. Nearly one in 10 Kentuckians age 12 and older used illicit substances.

In 2019, the Centers for Disease Control and Prevention funded the Kentucky Injury Prevention and Research Center (KIPRC) as the Kentucky Department for Public Health's bona fide agent in injury prevention for the Kentucky Overdose Data to Action (KyOD2A) program. The KyOD2A program analyzes drug overdose surveillance data, identifies emerging trends, and implements drug overdose prevention interventions.

KIPRC's KyOD2A surveillance strategies include:

- collecting and disseminating emergency department drug-related data as quickly as possible;
- investigating the underlying causes of drug overdose deaths in Kentucky and sharing the findings;
- integrating separate datasets to better understand the scope of drug overdoses in Kentucky (for example, linking emergency medical services data, also known as ambulance run data, with emergency department data

and data on fatal drug overdoses); and

- drug testing suspected drug overdose cases in an emergency department pilot study to better track illicit opioid and other drug usage trends.

Converting that data to action, KyOD2A's overdose prevention strategies run the gamut from linking those in need of substance use disorder (SUD) treatment with available openings at SUD treatment centers, to informing and supporting community interventions, to partnering with KASPER to integrate Kentucky's prescription drug monitoring program data with electronic health records, to academic detailing on appropriate opioid prescribing.

To address opioid use disorders during pregnancy, KyOD2A partners established a statewide perinatal quality collaborative to enhance care for new and expectant mothers and newborns, including appropriate opioid prescribing during the prenatal, perinatal, and postnatal stages.

We are partnering with local health departments to enhance drug overdose prevention activities at the local community level, including at correctional facilities and jails.

KyOD2A is partnering with the Kentucky State Police on public health and safety data sharing and analysis to inform public health interventions and law enforcement interdiction. OD2A also supports the KSP's [Angel Initiative](#), which links individuals with a

substance use disorder to a treatment center with an opening and transports that individual to the treatment center.

Creating drug overdose prevention programs for young adults led by young adults and working with other states to strengthen their efforts to rapidly link individuals to substance use disorder treatment facilities are two additional prevention interventions that KyOD2A is implementing.

We have created this newsletter to update you on KIPRC and partners' drug overdose surveillance and prevention efforts, upcoming conferences, recent data reports, and funding opportunities. If you have questions about any of the strategies and approaches mentioned in *KyOD2A Happenings* or would like to recommend a topic for inclusion in a future issue of the newsletter, please contact us at KIPRCinfo@uky.edu.

We look forward to sharing KyOD2A success stories, challenges, and opportunities with you through this newsletter.

Best regards,

Terry Bunn, PhD
*Director, Kentucky Injury
Prevention and Research Center*



ON THE ROAD WITH KENTUCKY'S HARM REDUCTION PROGRAM

In response to Kentucky's consistent ranking in the top 10 states for drug overdose mortality, in 2015 the state legislature passed Senate Bill 192 to allow the establishment of syringe exchange programs as well as pharmacist dispensing of naloxone via physician protocol. Implementation, however, was limited by the state's rural geography and the persistent stigma and poor recognition of substance use disorder as a disease.

To address this, in 2016 the Kentucky Department for Public Health (DPH) and the Kentucky Pharmacists Association (KPhA) began distributing naloxone throughout the state, specifically in areas with the highest opioid overdose risks and reported mortality, using the State Mobile Pharmacy Surge Unit #1. Since late 2016, pharmacists and students, partnering with local health departments, have distributed more than 4,000 two-dose units of naloxone at 73 community-based events in 58 counties.

While the mobile pharmacy performed marvelously, its size made maneuvering in cities and on rural roads difficult. In 2018, DPH received funding from the Centers for Disease Control and Prevention to purchase a smaller, specially designed Class C camper. This Kentucky mobile harm reduction unit (mobile pharmacy) contains a fully licensed pharmacy and is designed to support pharmacy operations and HIV/HCV testing as

well as other potential harm reduction-related activities.

Initially, every person receiving naloxone training was treated as a unique patient, and their naloxone came with a label with his or her name on it. This required a minimum of two pharmacists and often multiple students or other volunteers to process prescriptions and enter



The Kentucky mobile harm reduction unit contains a fully licensed pharmacy and is designed to support pharmacy operations and harm reduction-related activities.

data. Over the last year, new legislation made it possible for the mobile pharmacy to dispense to an “agency.” Now, each label simply lists “Kentucky mobile harm reduction” as the “patient” or agency name. This has greatly simplified the dispensing process and requires fewer people.

Currently, personnel from DPH and KPhA collaborate with local health departments to provide drug overdose prevention, recognition, and response training—including naloxone usage—and dispense naloxone through the mobile pharmacy at scheduled events. In the near future, DPH and KPhA also will collaborate with New Vista to provide peer support

services and with KIPRC to promote FindHelpNowKY.org (see page 4).

The COVID-19 pandemic has put our events on hold temporarily. However, we are investigating ways to leverage the mobile pharmacy to provide naloxone remotely via different methods than previously utilized, such as a drive through model of training and distribution. Individuals with substance use disorder are already at increased risk for adverse medical events, and the COVID-19 pandemic further compounds those risks. We plan to help in any way we can to ensure that these patients maintain access to lifesaving naloxone throughout the COVID-19 pandemic.

Funding for the Mobile Harm Reduction Program is provided by KIPRC through the KyOD2A program and by the Kentucky Department for Behavioral Health, Developmental and Intellectual Disabilities through the Kentucky Opioid Response Effort grant.

To schedule the mobile pharmacy, contact:

James House, Mobile Harm Reduction Program Administrator, at jamesr.house@ky.gov or Kyndall Raburn, Public Health Associate, at kyndall.raburn@ky.gov.

For questions regarding naloxone distribution, contact:

Jody Jagers, KPhA Director of Pharmacy Public Health Programs, at jjagers@kphanet.org.

KENTUCKY DRUG OVERDOSES SPIKE DURING COVID-19 SHUTDOWN

Kentucky has experienced a significant increase in the number of suspected opioid overdose responses by emergency medical services (EMS) since the start of Kentucky’s COVID-19 emergency declaration, according to data provided by the Kentucky Board of Emergency Medical Services. Statistically significant spikes in daily counts of suspected opioid overdose were observed as early as March 26 and have occurred with increasing frequency over the following weeks. The seven-day rolling average is the highest it has been in the two years that this data have been analyzed.

EMS data can be categorized by “refused transport” and “transported.” “Refused transport” is defined as encounters where EMS responds and treats a patient but the patient refuses transport to a medical facility. These encounters do not result in direct medical attention and will not appear in traditional public health surveillance systems, such as emergency department data. While both transported and refused transport cases have increased, the rate of refused transport of suspected opioid overdoses is increasing more rapidly.

The driver of the increase in suspected opioid overdose EMS encounters requires more research. It is not known if this increase in overdose events will correlate with an increase in opioid overdose fatalities.

The graph details suspected opioid overdose EMS encounters and includes the total frequencies for all encounters as well as

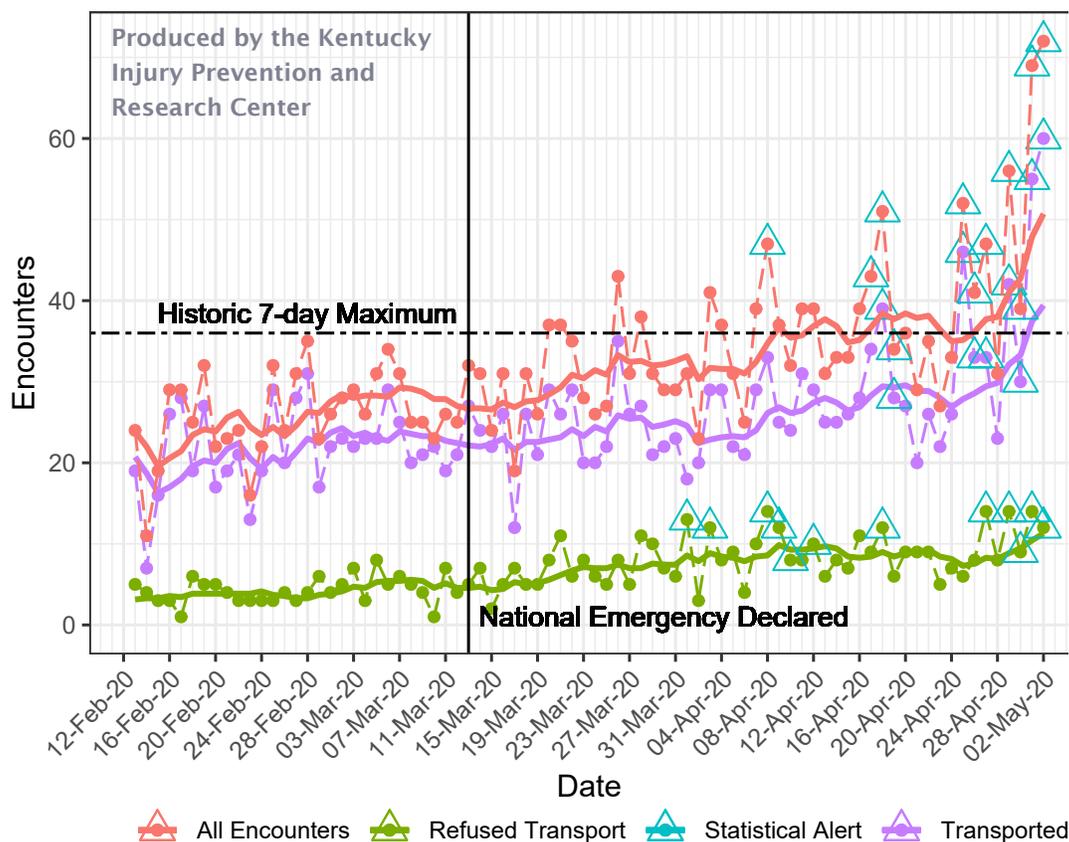
that of transported and refused transport cases. Each frequency type also includes its seven-day rolling average. Statistically significant alerts (indicated by triangles) are determined using methods similar to those implemented by the Centers for Disease Control and Prevention (CDC) National Syndromic Surveillance Program.

This data should be interpreted with caution, as a portion of the data is presented prior to data submission due dates.

Produced by KIPRC, as bona fide agent for the Kentucky Department for Public Health, April 2020. Data

source: Kentucky Board of Emergency Medical Services, Kentucky State Ambulance Reporting System. Data are provisional and subject to change. Counts represent encounters of care and could be greater than the number of individual patients treated. This report was supported by cooperative agreement number 1 NUI7CE924971-01, funded by the CDC. Its contents are solely the responsibility of the authors and do not necessarily represent the official views of the CDC or the Department of Health and Human Services.

Statewide Suspected EMS Opioid Overdose Encounters by Transport Type, with Statistical Alert* and Seven-Day Rolling Average



*Statistical alerts based on method developed for alert detection by CDC NSSP. Solid lines represent the seven-day rolling average of strata-specific suspect opioid overdose encounters. Dashed lines with points indicate the by-day aggregate count of suspected opioid overdose encounters.

FINDHELPNOWKY.ORG LEVERAGES PARTNERSHIPS TO EXPAND REACH

Kentucky's first near-real-time substance use disorder (SUD) treatment locator and information repository was established in 2018 with Centers for Disease Control and Prevention funding and in partnership with the Kentucky Department for Public Health, the University of Kentucky College of Public Health, the Department for Behavioral Health, Developmental and Intellectual Disabilities, and the Kentucky Office of Drug Control Policy.

[FindHelpNowKy.org](https://findhelpnowky.org) currently includes more than 600 treatment facilities and nearly 300 providers located throughout the state.

Working with individuals, focus groups, and partners, KIPRC developed the SUD treatment locator to fill a critical gap: linking those needing SUD treat-

ment to facilities with an opening as quickly as possible. FindHelpNowKy.org is an indispensable tool for public health professionals and healthcare providers, case managers, social workers, emergency responders, law enforcement, and the general public.

With KyOD2A funding, FindHelpNowKy.org's list of facilities

can search for SUD treatment facilities with available openings.

Danita Coulter, SUD Education and Outreach Coordinator for FindHelpNowKy, says, "We know that in those 10 counties served by LCDHD, there are 3,600 treatment slots. Linking people to treatment when they are ready and not waiting is one big key to long-term recovery."

Danita goes on to say that the web links immediately guided people to FindHelpNowKy's treatment options: "We can see that in the first two weeks after posting the web links, the link on LCDHD's home page

has resulted in 20 visits to the treatment locator."

Danita says that any organization, including schools and universities, county extension offices, hospitals, churches, treatment providers, and government offices, can post these unique FindHelpNowKy.org links to their websites.

"It's simple," she says. "Contact me at danita.coulter@uky.edu and we will send you a special FindHelpNowKy web link created just for your organization's web page."



offering SUD treatment in Kentucky continues to grow and now includes 85% of the total number of licensed Kentucky facilities.

The team recently leveraged key partnerships with 10 Kentucky counties to increase awareness of FindHelpNowKy.org through a Lake Cumberland District Health Department (LCDHD) strategic digital campaign.

LCDHD posted multiple links to FindHelpNowKy.org throughout their website (www.lcdhd.org). Visitors to the LCDHD webpages who click on the FindHelpNowKy links

KyOD2A Happenings is produced by the Kentucky Injury Prevention and Research Center, as bona fide agent for the Kentucky Department for Public Health. To comment on the content of this newsletter, or to subscribe or unsubscribe, contact KIPRCinfo@uky.edu.

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NEW REPORTS/UPCOMING EVENTS

Drug and Opioid-Involved Overdose Deaths—United States, 2017-2018:

The Centers for Disease Control and Prevention's final Morbidity and Mortality Weekly Report of 2018 looks at the number and circumstances surrounding opioid-involved overdose deaths in the United States.

The 2020 Kentucky Harm Reduction Summit, scheduled for Aug. 19 and 20 from 10:00 a.m. to 2:00 p.m. (EDT), will be conducted virtually via Zoom with keynote speakers, multiple breakout sessions, and two panel discussions. For more information and to register, visit <https://www.cecentral.com/live/18867>.